

Folsom (C. J.)

The treatment of insanity.



THE TREATMENT OF INSANITY.

MESSRS. EDITORS.—It seems to me natural that any one who is familiar with the worst treatment of insanity thirty years ago should look upon the best treatment of that time with different eyes from one who, like myself, has become familiar with insane asylums since both the worst and the best treatment for the worst cases of that day have, happily for the patients in my opinion, become a thing of the past. The stone floors, although with cemented brick walls, the small, grated opening in the wall¹ to admit air and light, the heavy door, the darkness, the resonance of every sound, and the absence of direct communication with the external atmosphere in the places where a certain class of the insane were treated in our best asylums thirty years ago suggested to me the term “cells” for them. The expression “cellar” was used because in going to the “cells” from the main building the passage was under-ground, as is the “cellar” on its sides toward the main building and the driveway; its rear side, however, although having glass windows and being wholly above the level of the ground as it now stands on that side, was several feet removed from the front wall of the “cells,” giving to one inside of them the impression of being in a cellar. It seems to me that from my stand-point I used the correct terms; and I cannot now remember any individual to whom I have ever showed the places who did not call them cells in a cellar. While I was one of the medical officers of the asylum, those were the expressions which I always used in speaking of the places, and I cannot recollect that their correctness was ever called in question. My manuscript, too, was read by three persons who had seen these “cells in the cellar,” of whom one was very familiar with them, and no incorrectness was thought of. The inference that I meant that there was little to choose between these and the much worse cells at Worcester, it seems to me, could not be made by any fairly intelligent reader. Certainly it was not so meant.

I am aware, however, that others call the “cells” strong rooms, as Dr. Bell used to do, and the “cellar” a “lodge” or a basement; and several weeks ago I suggested to the writer of the article on this subject in your last week’s issue the publication of an explanatory note from him to that effect, in the next Report of the State Board of Health. My point is this: By whatever name these places are called, they constituted a chief part of the treatment of the most violent insane in the very best asylums thirty years ago; and now, so far as I have been able to learn, *not one is in use for that purpose in any respectable asylum for the insane, either in the United States or in Western Europe.* I looked upon them as being on a par with the bars torn out² by Dr. Bell, and,

¹ Two feet high and a foot and a half wide.

² During the reconstruction of the north wing, begun in 1848, of which Dr. Bell said: “So far as the great ends of distinct separation and fitting classification were concerned, the buildings as left by him met this end, although *at an immense cost as regards cheerfulness of aspect, light, ventilation, facility of inspection, and readiness of service*” (page 21); and again (page 22): “While there was an adequate amount of cubic space to each inmate,—indeed, an exceedingly liberal one, as measured by other and newer institutions,—it was so distributed into dark and narrow passages, thick partition-walls, and angular lobbies that *a more dark, gloomy, repulsive interior can hardly be imagined.*” This is a year after the time referred to by me in my paper.

like the low diet, purgings, bleedings, etc., of old times, as indicating an entirely different conception of insanity and its treatment from that which I am glad to say prevails now. My use of the word "stone" for stone and brick is an error.

The McLean Asylum was the first in New England but the fifth in the United States, and when it was built the best views of that day had been introduced into this country through Dr. Rush in Philadelphia and Dr. Jones in New York. No one could for a moment suppose that I meant any imputation on the McLean Asylum nor on its first superintendent. I gave them both, and the trustees, the highest praise in my report, but I do not think that either was perfect; and if any one has misinterpreted my meaning, no one can regret the fact more than myself. I will not trouble your readers with an account of the improvements that have been made at the asylum in question, or elsewhere, in the last forty years; for they may be readily seen by consulting the official reports of that institution, especially those of Dr. Lee and Mr. Tyler (1835 and 1836), and of Dr. Bell. The McLean Asylum I have always considered, and still consider, as being in very many essential matters one of the best which I have ever seen. The names of its superintendents alone vouch for its high character; and the great improvements which have been made there, even in the last few years, should entitle the present as well as its past management to the gratitude of every lover of intelligent progress.

It seems to me that the advance to which I referred is a great one, *especially in its moral effect on the patient*; and what my critic (quoting Dr. Bell) calls the "minor advantageous changes in details" seem to me of importance, as they did to Dr. Bell. But I think I may safely refer to the trustees and superintendent of the McLean Asylum at the time the cells were abandoned, as being jealous enough of the interests in their hands not to misrepresent them, at least on the side of too great severity of criticism. In their report for 1863 (some time after such places had been abandoned for the treatment of the insane in all the other asylums of this State) the trustees say that at the time of erection the portion of the asylum of which I have been speaking was "so great an improvement over structures previously in use for the same purpose that it was looked upon as a model in its way; but for a long time its many deficiencies have been but too apparent. *This has been a theme of much discussion and deliberation*; but with the large debt hanging over the corporation the trustees did not feel warranted in adding to it, *even for an object so immediately desirable.*" (Page 12.) Again (1865), the trustees call special attention to the "very interesting and suggestive remarks" of the superintendent upon "the excellent effect of the admirable arrangements" of the new ward for the treatment of the most excited cases. I quote from these remarks as follows: "Many of the most repulsive features of extreme disorder, which are a grief to witness, and how much more to bear and to be subsequently conscious of having borne, *have become entirely unknown here*,¹ evidently by this 'step in the right direction.'" (Page 26.)

Very respectfully yours, CHARLES F. FOLSOM.

¹ The italics in this article are mine.—C. F. F.



